

Step 1: Universal Data Collection

Please complete the following basic client information and note that all fields with an * are required fields. Universal Data Elements are required for all project participants. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name: * _____ Last Name: * _____

Middle Name: _____ Suffix: _____

Name Data Quality:*

- ☐ Full Name Reported
- ☐ Partial, Street Name or Code Name Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Social Security Number:*

- ☐ _____
- ☐ Full SSN Reported
- ☐ Approximate or Partial SSN Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Birthdate:*

- ☐ _____
- ☐ Full DOB Reported
- ☐ Approximate or Partial DOB Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Ethnicity:*

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Race: * (Select All That Apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander

- ☐ White
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Gender:*

- ☐ Male
- ☐ Female
- ☐ Transgender Male to Female
- ☐ Transgender Female to Male
- ☐ Other
- ☐ Client Doesn't Know
- ☐ Client Refused

If Female, Pregnancy Status:*

- ☐ Yes
- ☐ Due Date: _____
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Disabling Condition:*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Veteran Status:*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Relationship to Head of Household:*

- ☐ Self
- ☐ Son
- ☐ Daughter
- ☐ Dependent Child
- ☐ Member
- ☐ Spouse
- ☐ Foster Child
- ☐ Grandchild
- ☐ Other Family Member
- ☐ Other Non-Family

Contact Information:

Address: _____ City/State/Zip: _____

Home Phone: _____ Email: _____

Work Phone: _____ Message Phone: _____

Step 2: Project Enrollment

Complete the project enrollment information and please note all fields with an * are required fields. Complete additional forms for each household member to be enrolled.

Assessment Date:* _____

Case Assignment: *: _____

Step 3: Entry Assessments

Complete the following entry assessments and please note all fields with an * are required fields.

Housing Status* *(Based on housing condition just prior to project entry)*

- | | |
|----------------------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Category 1 – Homeless | <input type="checkbox"/> Stably Housed – Rent |
| <input type="checkbox"/> Category 2 – At Imminent Risk of Losing Housing | <input type="checkbox"/> Stably Housed – Own |
| <input type="checkbox"/> Category 3 – Homeless Only Under Other Federal Statutes | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Category 4 – Fleeing Domestic Violence | <input type="checkbox"/> Refused |
| <input type="checkbox"/> At Risk of Homelessness | <input type="checkbox"/> Other |

Residence Prior to Program Entry:*

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Long-term care facility or nursing home | |
| <input type="checkbox"/> Rental by client, with GPD TIP subsidy | |
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria | |
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher | |
| <input type="checkbox"/> Transitional Housing for Homeless Persons (Including Homeless Youth) | |
| <input type="checkbox"/> Permanent Housing for Formerly Homeless Persons (a CoC project; HUD legacy programs; or HOPWA PH) | |
| <input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility | |
| <input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center | |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | |
| <input type="checkbox"/> Jail, Prison or Juvenile Detention Center | |
| <input type="checkbox"/> Staying or living in a family member's room, apartment or house | |
| <input type="checkbox"/> Staying or living in a friend's room, apartment or house | |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | |
| <input type="checkbox"/> Foster care home or foster care group home | |
| <input type="checkbox"/> Place not meant for habitation (a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | |
| <input type="checkbox"/> Other | Length of Stay:* |
| <input type="checkbox"/> Safe Haven | <input type="checkbox"/> One day or less |
| <input type="checkbox"/> Rental by client, with VASH housing subsidy | <input type="checkbox"/> Two days to one week |
| <input type="checkbox"/> Rental by client, with other ongoing housing subsidy | <input type="checkbox"/> One week or less |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy | <input type="checkbox"/> More than one week, but less than one month |
| <input type="checkbox"/> Rental by client, with no ongoing housing subsidy | <input type="checkbox"/> One to three months |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy | <input type="checkbox"/> More than three months, but less than one year |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> Client Refused | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Client Refused |
| | <input type="checkbox"/> Data Not Collected |

Time on Streets, Emergency Shelter (ES), or Safe Haven (SH):*

Client entering from the streets, ES or SH:

- ☐ Yes, approximate date started: _____
☐ No

- ☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Regardless of where they stayed last night – number of TIMES the client has been on the streets, in ES, or SH in the PAST THREE YEARS including today:

- ☐ Never in the 3 years ☐ Two times ☐ Four or more times ☐ Client Refused
☐ One time ☐ Three times ☐ Client Doesn't Know ☐ Data Not Collected

Total number of MONTHS homeless on the street, in ES, or SH in the PAST THREE YEARS:*

- ☐ One month (this time is the first month) ☐ Client Doesn't Know
☐ 2-12 months ☐ Client Refused
☐ Number of months (2-12):* _____
☐ More than 12 months ☐ Data Not Collected

Health Insurance:*

If Yes, Type:*

- ☐ Yes
☐ No
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

- ☐ Private – Employer
☐ Private – Individual
☐ Medicare
☐ Medicaid
☐ State Children's Health Insurance Program
(S-CHIP; not Medicaid or HIP)

- ☐ Military Insurance
☐ State Funded (HIP or HIP 2.0)
☐ Indian Health Service (Native American)
☐ Other Public
☐ Other _____

Status:*

- ☐ Active ☐ No
☐ Start Date: _____
☐ End Date: _____
☐ Applied; decision pending ☐ Client Doesn't Know
☐ Applied; client not eligible ☐ Client Refused
☐ Client did not apply ☐ Data Not Collected
☐ Insurance type N/A for this client

Veterans Assessment:*

Service Entry Date: _____ Service Exit Date: _____

Select Theatre(s) of Operation(s): *(May not apply to client)*

Status:*

- ☐ World War II (September 1940-July 1947)
☐ Vietnam War (August 1964-April 1975)
☐ Persian Gulf War (Operation Desert Storm) (August 1991-September 10, 2001)
☐ Afghanistan (Operation Enduring Freedom)
☐ Iraq (Operation Iraqi Freedom)
☐ Iraq (Operation New Dawn)
☐ Other Peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)
☐ Korean War (June 1950-January 1955)
- ☐ Yes
☐ No
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Military Branch:*

Discharge Status:*

- ☐ Army ☐ Other
☐ Air Force ☐ Client Doesn't Know
☐ Navy ☐ Client Refused
☐ Marines ☐ Data Not Collected
☐ Coast Guard

- ☐ Honorable
☐ General under honorable conditions
☐ Bad Conduct
☐ Dishonorable
☐ Under Other Than Honorable Conditions (OTH)
☐ Uncharacterized
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

HMIS Barriers Assessment:*

<u>Barriers:*</u>	<u>Barrier Present?</u>	<u>Receiving Services/Treatment?</u>	<u>Condition Indefinite?</u>	<u>Documentation on File?</u>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

How confirmed:

- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

Serious Mental Illness (SMI):

- ☐ No
- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records
- ☐ Client Doesn't Know
- ☐ Client Refused

Domestic Violence Assessment of Victim:*

Is client a victim of domestic violence:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

Currently Fleeing:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

If yes, when experience occurred:*

- ☐ Within the past three months
☐ Three to six months ago (excluding 6 months exactly)
☐ Six months to one year ago (excluding 1 year exactly)
☐ One year ago or more
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Medical Assessment:*

Medical Assistance Type:*

- ☐ Receiving public HIV/AIDS medical assistance
☐ Yes ☐ No

If No, Reason No (if applicable):

- ☐ Applied; decision pending
☐ Applied; client not eligible
☐ Client Did Not Apply
☐ Insurance Type N/A for this Client
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

- ☐ Receiving AIDS Drug Assistance Program (ADP)
☐ Yes ☐ No

If No, Reason No (if applicable):

- ☐ Applied; decision pending
☐ Applied; client not eligible
☐ Client Did Not Apply
☐ Insurance Type N/A for this Client
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

T-Cell (CD4) Count Available:*

- ☐ Yes Date: * _____ T-Cell Count: * _____ ☐ Client Report
☐ No ☐ Medical Report

Viral Load Available:*

- ☐ Yes Date: * _____ Viral Load: * _____ ☐ Client Report
☐ No ☐ Medical Report

Financial Assessment:* Cash Income: * ☐ Yes ☐ No

- ☐ Earned Income \$ _____
☐ Private Disability Insurance \$ _____
☐ Unemployment Insurance \$ _____
☐ Worker's Compensation \$ _____
☐ Pension From Former Job \$ _____
☐ Supplemental Security Income \$ _____
☐ Social Security Disability Income \$ _____
☐ Retirement (Social Security) \$ _____
☐ Alimony \$ _____
☐ VA Service-Connected Disability \$ _____
☐ VA NonService-Connected Disability \$ _____
☐ TANF \$ _____
☐ Child Support \$ _____
☐ Other Income \$ _____

Non Cash Benefits: * ☐ Yes ☐ No

- ☐ Food Stamps/Money for Food on Benefits Card \$ _____
☐ Special Supplemental Nutrition Program (WIC)
☐ TANF Child Care Services
☐ TANF Transportation Services
☐ Other TANF Funded Services
☐ Section 8, Public Housing, Other Rental Asst. (PSH) \$ _____
☐ Temporary Rental Assistance (RRH) \$ _____
☐ Other Source

Adult Education Assessment:*

Currently in School/Working on Degree:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused

Received Vocational Training/Apprenticeship:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused

Highest Grade Completed:*

- ☐ No School Completed ☐ Client Doesn't Know
☐ Nursery School to 4th ☐ Client Refused
☐ 5th Grade or 6th Grade
☐ 7th Grade or 8th Grade
☐ 9th Grade
☐ 10th Grade
☐ 11th Grade
☐ 12 Grade, No Diploma
☐ High School Diploma
☐ GED
☐ Post-Secondary School

Secondary Education:*

- ☐ None
☐ Associates Degree
☐ Bachelors
☐ Masters
☐ Doctorate
☐ Other Graduate/Professional Degree
☐ Certificate of Advanced Training or Skilled Artisan
☐ Client Doesn't Know
☐ Client Refused

Child Education Assessment:*

Highest Grade Completed:*

- ☐ No School Completed
☐ Nursery School to 4th Grade
☐ 5th Grade or 6th Grade
☐ 7th Grade or 8th Grade
☐ 9th Grade
☐ 10th Grade
☐ 11th Grade
☐ 12 Grade, No Diploma
☐ High School Diploma
☐ GED
☐ Post-Secondary School
☐ Client Doesn't Know
☐ Client Refused

Current Enrollment Status:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused

If Yes, Type of School:*

- ☐ Public School ☐ Technical/Career
☐ Homeschool ☐ Client Doesn't Know
☐ Charter ☐ Client Refused
☐ Parochial or Other Private School

School Name:*

Connected w/McKinney-Vento School Liaison?*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused

If not enrolled, Last Enrollment Date:_____

Reason Not Enrolled:_____

Self-Sufficiency Matrix and AMI Assessments also available. Other helpful resources at www.IndianaBOS.org.